

INS. CASE OWNER:

Bennie Tan

CC3/AIG20001101/Kda3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI: 16/01/2020

Date / Time : 16/01/2020

Registered in Merimen: 17/01/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SJM 6159A

Name of Insured : KOH HWEE KIAN

Insured Tel No. : HP: _____

Excess Sec II : S\$

Is driver the owner? (YES / ☒ NO) Nature of Accident :

If NO, Driver Name / Age : JONATHAN LOH YOU QING

Driver Tel No. : +65-96515373 (V/L: YES / NO)

Claim No. : 5776899772SG

Policy No. : 1800128089

Make / Model : NISSAN NOTE-1.2 (A)

Place of Accident : PIE(TUAS TO CHANGI) NEAR WOODVILLE FLYOVER

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Insured Liability : % Final ? Yes / No

SHD 5318K

INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SHD 5318K - CC3/EQ19014000/Kpa3; DOA: 03.08.19	Non-Reporting ltr (1st):	
SJM 6159A - X	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: S\$ 1,311.72 (2 days) Reduction: 95 %		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 08/05/2020 Confirm with Ng Wai Yin		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 0%
Repair Cost: (w/GST) S\$ 1,403.55		3 veh C.C, OI was 2nd
Loss of Rental (LOR): S\$ 224.70 (2 days) x \$112.35		
Loss of Use (LOU): S\$ - (\$ x days)		
Loss of Income (LOI): S\$ - (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ 7.45		1) Claim status: Normal Subject to Settlement
Medical: S\$ -		2) Report Format: TP
Disbursement: S\$ - (e.g. Tow/ Independent)		3) Survey fee: \$320
Legal Cost S\$ -		
Total: S\$ 1,635.70 Global Sum S\$:		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL PAYMENT Date/Time:	Confirm with:	
Payee 1: S\$ 1,635.70 Name 1: Trans-Cab Auto Services Pte Ltd		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		